

SP # _____

ccl-246b (1/00)

SPECIAL PRIVILEGE CERTIFICATE OF INSURANCE

(Herein called Insurance Company)

Address _____

ISSUED TO THE CITY OF MILWAUKEE: 200 E. Wells St. Rm 105 Milwaukee, WI 53202

The company hereby certifies that it has issued to:

Name _____

Address _____

(Include City, State & Zip)

a general liability policy No. _____ effective _____, 20____, expires _____, 20____, providing for limits of not less than \$25,000 per person, \$50,000 per accident, bodily injury liability, and \$10,000 for property damage; provided, however, that the insurance afforded is subject to the terms, conditions, limitations, and exclusions of the policy. The City of Milwaukee must be named as additional insured.

Said policy provides that notwithstanding any other provision therein, thirty days' written notice of cancellation, material change, expiration, or intent not to renew will be given to the City Clerk of the City of Milwaukee; otherwise such insurance as is afforded thereunder shall remain in full force and effect.

Dated this _____ day of _____, 20____. Signed _____

Authorized Representative

AFFIDAVIT

STATE OF WISCONSIN)

) ss

_____ County)

_____, being first duly sworn, on oath deposes and says that he is the agent of the _____ (Insurance Company), insurer on the attached certificate issued to _____. (Insured) Affiant further deposes and says that no officer, official or employe of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee, or other thing of value on account of the sale or furnishing of said policy.

Signed _____

Subscribed and sworn to before me this

Authorized Representative

_____ day of _____, 20____

Notary Public, State of Wisconsin

My Commission expires _____